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12/29/2004

FITZPATRICK CELLA HARPER & SCINTO
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

04/05/2005 WABDEL3 00000055 09420777

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LEONARD P. DIANA	ATTY (Print name)
<i>Leonard P. Diana</i>	(Signature)
March 29, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/420,777	10/19/1999	JEAN-JACQUES MOREAU	1807-0756	3284

TITLE OF INVENTION: METHOD AND DEVICE FOR PREDICTING THE QUANTITY OF PRINTING PRODUCT AVAILABLE IN A PRINTER AND NECESSARY FOR PRINTING A DOCUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
POON, KING Y	2624	358-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list FITZPATRICK, CELLA, HARPER & SCINTO

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CANON EUROPA N.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AMSTELVEEN, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Leonard P. Diana*Date March 29, 2005

Typed or printed name

LEONARD P. DIANA

Registration No. 29,296

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